Annual Progress Report 2008

Submitted by

The Government of

Pakistan

Reporting on year: 2008

Requesting for support year: 2010

Date of submission: 15th May 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

and any hard copy could be sent to:

GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of [*Name of Country*] PAKISTAN

Ministry of Heath:

Title: Secretary Health, Government of Pakistan

Signature: .....

Date: 30-4-2009

Ministry of Finance:

Title: Deputy Financial Adviser

Signature: ..... DFA(H)

Date: 30.4.2009

(KHUSHNOOD AKHTAR LASHARI)
Secretary
Ministry of Health
Government of Pakistan
Islamabad

This report has been compiled by:

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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
INAAM UL HAQ	WB		27/4/09
Dr Altaf Bosan NPM	EPI		24/4/09
QUAMRUL HASAN	WHO		24-04-09
ABDUL HAIY KHAN	Chairman, PAKISTAN POLIO PHS COMMITTEE ROTARY		24-4-09
ANITA ZAIDI, PROF	Prof, Aga Khan University		24/4/09
Huma Qureshi	PMRC. ED		24/4/09
Akihiro Fujiwara	JICA. EPI/Polio Project		24/4/09
Kenji Kashiwazaki	JICA Pakistan office		24/4/09
IBRAHIM Q-ZIQ	UNICEF.		24/4/09
PROF. Dr. Tariq Iqbal Bhutta	Chairman NITAG		24/4/09

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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As this report been reviewed by the GAVI core RWG: y/n

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HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, ... (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
DR MASOOD KHAN DNC	NP for FP & PHC FMU, Isb		24-4-09
Dr. WERNER RÖHLER	WHO		24-4-09
DR. S. Mujahid Ali	For DG/NWFP		24.4.2009
DR. Muhammad Javed	For DG / Balochistan		24.4.2
Dr Muhammad Aslam Ch	DG HS Punjab		24.4.9
DR. Zahid Latif	MNCH		24.04.9

Comments from partners:
You may wish to send informal comment to: apr@gavialliance.org
All comments will be treated confidentially

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List of Participants who attended NICC / NHSCC Meeting on April 24, 2009, at Ministry of Health, Islamabad

S. N	Name	Designation	E-mail
1.	Mr. Khushnood Akther Lashari	Secretary, MoH, Islamabad	secretary@health.gov.pk
2.	Mr. Muhammad Azam Saleem	JS (P &D), MoH, Islamabad	zm_saleem@yahoo.com
3.	Prof. Dr. Tariq Iqbal Bhutta	Chairman NITAG, Lahore	tbhutta51@hotmail.com
4.	Dr. Huma Quershi	ED-PMRC, Islamabad	pmrc@comsets.net.pk
5.	Dr. Anita Zaidi	Professor of Peads, AKU, Karachi	anita.zaidi@aku.edu
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7.	Dr. Zahid Larik	National Programme Manager MNCH	Zahid_larik@hotmail.com
8.	Dr. Muhammad Aslam Ch.	DGHS, Punjab, Lahore	dghs@yahoo.com
9.	Mr .Abdul Haiy Khan	Chairman Rotary International KHI	haiykhan@cyber.net.pk
10.	Dr. Ibrahim El-Ziq	Chief MCHC, UNICEF, Isb	ielziq@unicef.org
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24.	Mr. Manzoor Ahmad Mallal	GAVI Finance Manager Federal EPI	manzoormallal@hotmail.com
25.	Mr. M. Sharafat Ali Zia	Finance Manager, GAVI-HSS	msharafatalizia@yahoo.com

Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (*From the most recent submissions to GAVI)*

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births		6,305,089	6,093,175	6,148,985	6,203,964	6,258,041	6,311,139		
Infants' deaths		472,882	469,174	473,472	477,705	481,869	485,958		
Surviving infants		5,832,207	5,624,001	5,675,513	5,726,259	5,776,171	5,825,181		
Pregnant women		7,316,972	5,179,199	5,534,087	5,707,647	5,882,559	6,058,693		
Target population vaccinated with BCG		5,780,841	5,301,062	5,534,087	5,707,647	5,882,559	6,058,693		
BCG coverage*		92%	87%	90%	92%	94%	96%		
Target population vaccinated with OPV3		4,746,693							
OPV3 coverage**		81%							
Target population vaccinated with DTP (DTP3)***		4,282,418							
DTP3 coverage**		73%							
Target population vaccinated with DTP (DTP1)***		4,984,947							
Wastage[1] rate in base-year and planned thereafter									
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with **3rd dose** of Combo (DPT-HepB)/Penta (DPT-HepB-Hib)		4,282,418	5,061,601	5,107,962	5,268,158	5,429,601	5,592,174		
Combo (DPT-HepB)/Penta (DPT-HepB-Hib) Coverage**		73%	90%	90%	92%	94%	96%		
Target population vaccinated with **1st dose** of Combo (DPT-HepB)/Penta (DPT-HepB-Hib)		4,984,947	5,624,001	5,675,513	5,726,259	5,776,171	5,825,181		
Wastage[1] rate in base-year and planned thereafter			1.05	1.05	1.05	1.05	1.05		
Target population vaccinated with **1st dose** of Measles		4,970,642	5,061,601	5,107,962	5,268,158	5,429,601	5,592,174		
Target population vaccinated with **2nd dose** of Measles									
Measles coverage**		85%	90%	90%	92%	94%	96%		
Pregnant women vaccinated with TT2+		3,759,030	5,179,199	5,534,087	5,707,647	5,882,559	6,058,693		
TT2+ coverage****		51%							
Vit A supplement	Mothers (<6 weeks from delivery)								
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		14%							
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants

[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	6,305,089	6,487,845	6,657,178	6,830,930	7,009,217	7,192,158	7,379,873	7,572,488
Infants' deaths	472,882	486,588	499,288	512,320	525,691	539,412	553,490	567,937
Surviving infants	5,832,207	6,001,257	6,157,889	6,318,610	6,483,526	6,652,746	6,826,383	7,004,551
Pregnant women	7,316,972	7,529,059	7,725,567	7,927,205	8,134,105	8,346,405	8,564,246	8,787,773
Target population vaccinated with BCG	5,780,841	5,968,817	6,191,976	6,421,074	6,658,756	6,904,472	7,158,477	7,421,038
BCG coverage*	92%	92%	93%	94%	95%	96%	97%	98%
Target population vaccinated with OPV3	4,746,693	4,981,043	5,234,206	5,497,191	5,835,173	6,120,526	6,416,800	6,724,369
OPV3 coverage**	81%	83%	85%	87%	90%	92%	94%	96%
Target population vaccinated with DTP (DTP3)***	4,282,418	4,981,043	5,234,206	5,497,191	5,835,173	6,120,526	6,416,800	6,724,369
DTP3 coverage**	73%	83%	85%	87%	90%	92%	94%	96%
Target population vaccinated with DTP (DTP1)***	4,984,947	5,221,094	5,542,100	5,813,121	6,159,350	6,386,636	6,621,592	6,864,460
Wastage[2] rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose** of penta (DPT-HepB-Hib)	4,282,418[3]	4,981,043	5,234,206	5,497,191	5,835,173	6,120,526	6,416,800	6,724,369
Penta (DPT-HepB-Hib) Coverage**	73%	83%	85%	87%	90%	92%	94%	96%
Target population vaccinated with **1st dose** of Penta (DPT-HepB-Hib)	4,984,947	5,221,094	5,542,100	5,813,121	6,159,350	6,386,636	6,621,592	6,864,460
Wastage[1] rate in base-year and planned thereafter		5%	5%	5%	5%	5%	5%	5%
Target population vaccinated with **3rd dose** of Pneumococcal			436,184[4]	5,497,191	5,835,173	6,120,526	6,416,800	6,724,369
Pneumo Coverage**			85%	87%	90%	92%	94%	96%
Target population vaccinated with **1st dose** of Pneumo			1,385,525[5]	5,813,121	6,159,350	6,386,636	6,621,592	6,864,460
Wastage[1] rate in base-year and planned thereafter			10%	10%	10%	10%	10%	10%

[2] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

[3] Combined coverage of Penta+Combo

[4] The Pneumo vaccine will be introduced during the Q4 of 2010 and hence 3rd dose target and coverage is against only the month of Dec '10

[5] Against the target of Q4 of 2010

Target population vaccinated with **1st dose** of Measles		4,970,642	5,221,094	5,542,100	5,813,121	6,159,350	6,386,636	6,621,592	6,864,460
Target population vaccinated with **2nd dose** of Measles			4,698,984	4,987,890	5,231,809	5,543,415	5,747,973	5,959,432	6,178,014
Measles coverage**		85%	87%	90%	92%	95%	96%	97%	98%
Pregnant women vaccinated with TT2+		3,759,030	5,270,349	5,794,175	6,341,764	6,913,989	7,511,765	7,879,106	8,348,384
TT2+ coverage****		51%	70%	75%	80%	85%	90%	92%	95%
Vit A supplement	Mothers (<6 weeks from delivery)								
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1 - DTP3) / DTP1] x 100		14%	10%	10%	9%	9%	8%	8%	7%
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (Reflected in Ministry of Health and/or Ministry of Finance budget): Yes
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

The ISS funds are credited in the account of Government of Pakistan in the State Bank of Pakistan. These funds are reflected in the Annual Development Budget of the Ministry of Health with the approval of Ministry of Finance.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

A financial management system approved by the ministry of Finance and Controller General of Accounts Pakistan for GAVI ISS funds is in place since 2003 which regulates the flow of funds from the federal level to the provinces and further from provinces to the districts. It also regulates the monitoring and audit of expenditure. The following are the salient features of the financial management system being followed in case of GAVI Phase -1 funding:

i. The funds are transferred by the GAVI Secretariat to the Government of Pakistan account in the State Bank of Pakistan, as per their approvals.

ii. An amount equal to the funds received from the donor agency is provided in the PSDP of Ministry of Health for each financial year.

iii. For federal level expenditure, the funds are released to the EPI/GAVI Cell through an Assignment Account opened in the National Bank of Pakistan, Islamabad. For provincial level expenditure funds are released to the provincial governments and district level management through State Bank of Pakistan.

iv. The federal level expenditure from the GAVI funds is sanctioned with the approval of the National Programme Manager EPI/GAVI Cell, Islamabad while the provincial level expenditure is incurred with the approval of authorized provincial government officials.

v. Expenditure statements are required to be submitted each month to the Federal GAVI Unit, Islamabad by all the Programme Implementation Units. Such monthly reports are subjected to scrutiny at the federal level and also reviewed quarterly by the Planning and Development Division.

ICC review and endorse the plan of activities and see the progress along with expenditure.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance ***Immunization Services Support*** *contribution.*

Funds received during 2008: US$ 550,000[6]
Remaining funds (carry over) from 2007: US$ 9,262,916 (5,360,000[7] + 3,902,916[8])
Total funds available for 2008: US$ 9,812,916
Total expenditure in 2008: US$ 6,074,916
Balance to be carried over to 2009: US$ 3,738,000
Approved fund lying with GAVI: US$ 27,411,740

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel	1,136,000	2,000	0	1,134,000	
Transportation	57,000	22,000	35,000	0	
Maintenance and overheads				0	
Training	566,000	0	0	566,000	
IEC / social mobilization	32,000	0	32,000	0	
Outreach	0	0	0	0	
Supervision	0	0	0	0	
Monitoring and evaluation	0	0	0	0	
Epidemiological surveillance	0	0	0	0	
Vehicles[9]	3,902,916	106,057	424,230	3,372,629	
Cold chain equipment	0	0	0	0	
Furniture and fixture	85,000	16,000	69,000	0	
Technical Assistance	80,000	80,000	0	0	
Stationary and utilities	18,000	9,000	9,000	0	
Contingency	86,000	27,000	59,000	0	
Rewards[10]	112,000	13,000	0	99,000	
Total:	**6,074,916**	**275,057**	**628,230**	**5,171,629**	
Remaining funds for next year:	**3,738,000**				

Exchange rate US$ 1 = Pak Rs 70/-

1.1.3 NICC meetings

How many times did the ICC meet in 2008? **1 (one)**

Please attach the minutes (DOCUMENT No: 1) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: **Yes**
if yes, which ones?

List of CSO member organisations
1. Rotary International
2. Aga Khan University

[6] Transferred to WHO/EMRO
[7] In the GoP account
[8] With UNICEF
[9] Total 184 single cabin pick-up trucks were procured through UNICEF. Distribution: Five vehicle for Federal EPI, 20 vehicle for 4 provincial and AJK EPI offices and 159 vehicle for 150 districts and towns.
10 Cash reward of $13,000 was given to the staff and Punjab province procured 115 motorbikes for vaccinators against $ 99,000.

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

1. *Five (05) rounds of NIDs and 06 rounds of SNID with OPV conducted for children <5 years*
2. *Measles Catch-up Campaign completed for all children aged 09 months to less than 13 years*
3. *MNTe risk assessment done for all districts.*
4. *Hib vaccine introduced in pentavalent form in the childhood immunization schedule*
5. *Measles 2nd dose introduced in the childhood immunization schedule. Initially it was introduced in Punjab, AJK and FANA during the 4th quarter of 2008 and from 2009 it's introduced nationwide.*
6. *VPD surveillance strengthened with introduction of measles case-based surveillance*

Key problems:

1. *Delayed fund release in 1st quarter of 2008-9 from Ministry of Finance (MoF) resulting in non-payment of salaries of vaccinators hired by ISS support*
2. *New vaccine (Pentavalent) introduction was delayed due to*
   a) *Non-availability of the 'new vaccine introduction fund' from GAVI which hindered in conducting training of vaccinators and social mobilization activities.*
   b) *Late supply of the new vaccine due to non-registration of the product in the Ministry of Commerce*
3. *In December '2008 GAVI has suspended the disbursement of ISS rewards against Pakistan with other countries on the basis of an article published in Lancet. Pakistan explained its position and implication of this decision on the program in the GAVI eligible country's meeting held in Cairo on 26 – 27 January '09 and later by the letter dated 12 February '09 of the Hon'ble Minister of Health to the GAVI requested immediate lift of ban on the suspension. Later, on 18 February '09 GAVI in a letter to the Minister of Health, Pakistan informed their decision to lift the suspension and resume ISS support to the majority of the countries with pending decision for a smaller number of countries which require further review. However, it was not clear whether suspension has been lifted for Pakistan or not. It is to be noted that Pakistan has US$ 27, 411,740 approved reward money lying with GAVI and country is in the process of developing and approval of the next multi-year plan (PC-1) where this money is to cover significant proportion of the cost. MoH is requesting GAVI to make a specific decision immediately for release of this approved fund to Pakistan for smooth conduction of the program in coming years.*

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

a) Signed minutes (**DOCUMENT No: 1**) of the ICC meeting that endorses this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
b) Most recent external audit report (**DOCUMENT No: 2**) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
c) Detailed Financial Statement of funds (**DOCUMENT No: 3**) spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:
e) Pakistan's response to GAVI on its decision for suspension of GAVI ISS support disbursement. (**DOCUMENT: 4**)

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below: No DQA in 2007 & 08.

The recommendations of the last DQA done in 2003 are placed at **Document No: 5**

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES [√] *NO* [ ]

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Attached at Document No: 5

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. *[May/2004]*

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

No survey was conducted by EPI. But National Institute of Population Studies (NIPS) conducted Pakistan Demographic and Health Survey (PDHS) in 2006 – 07 (published in 2008) that includes chapter on 'Child Immunization'.

List challenges in collecting and reporting administrative data:

1. *Unavailability of an up-to-date, reliable denominator. At present, it's done by projection of 1998 census figures.*
2. *Timeliness of the monthly report is not as desirable*
3. *No proper checking of data for its reliability and consistency at grass root level*
4. *Mechanism for regular cross checking the data validity doesn't exist*

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

Hib vaccine introduced in 2008

[List any change in doses per vial and change in presentation in 2008]

Tetravalent (DTP-HepB) vaccine 10 dose per vial changed to Pentavalent (DTP-HepB-Hib) vaccine liquid 1 dose per vial

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
Tetravalent (DTP-HepB)	10	2,000,000	2006	Jan 2008
		2,000,000		Sep 2008
Stock of Tetravalent (DPT-HepB) vaccine on 01 January 2008 was 4,452,380 vial				
Total		**4,000,000**		
Pentavalent (DTP-HepB-Hib)[11]	01	287,440	October 2008	25 Aug 2008
		286,550		27 Aug 2008
		288,000		28 Aug 2008
		286,190		29 Aug 2008
		351,820		01 Sep 2008
		288,000		08 Sep 2008
		286,400		10 Sep 2008
		717,320		24 Sep 2008
		208,280		26 Sep 2008
		348,390		15 Oct 2008
		3,700		16 Oct 2008
		432,000		17 Oct 2008
		431,610		20 Oct 2008
		200,000		10 Sep 2008
		288,000		19 Dec 2008
		288,000		17 Dec 2008
		432,000		18 Dec 2008
		288,000		22 Dec 2008
		204,000		24 Dec 2008
Total		**5,915,700**		

Please report on any problems encountered.

[List problems encountered]

1. *The new vaccine supply was delayed by UNICEF due to non-registration of the product in the Ministry of Commerce*

2. *New vaccine introduction support not released by GAVI as per country's plan and decision of ICC resulting in delay in training for vaccinators, procurement of cold chain equipments and social mobilization activities for the new vaccine*

[11] UNICEF country office

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Activities:

1. New vaccine introduction training has been conducted in phases with support from other partners,
   a) Provincial TOT was conducted with financial support of UNICEF
   b) District training for vaccinators was conducted with financial support of WHO
   c) Training materials were updated and developed, printed with technical and financial support from WHO
2. New cold chain equipment was procured by government's own resource

Challenges:

1. Social mobilization activities for the new vaccine couldn't be conducted as per plan
2. Funds for introduction of new vaccine have not yet been transferred as per Government request.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: ***Not received***

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems
2008	1,811,000	Not received	1,811,000		The fund is not yet received by the program

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? ***June/2007***

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

It was recommended to improve the skill of the staff on the same areas which were mostly recommended in previous EVSM:

1. Storage of the vaccines
2. Selection of the cold chain
3. Effective stock management
4. Vaccine distribution system
5. Use of Multi Dose Vial Policy
6. Reduction in vaccine wastage and
7. Interpretation of VVM

Was an action plan prepared following the EVSM/VMA? **Yes**

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

In the context of both EVSM, the series of activities were planned which are given below:

1. Cold chain inventory of all districts initiated. Appropriate tools were developed and distributed to the districts through provincial health department
2. Cold Chain and vaccine Management Guidelines developed and circulated
3. Standard Operating Procedures - SoPs for Federal, Provincial, District and Facility level on Cold Chain and vaccine Management, was circulated.
4. Development of Cold Chain & Vaccine Management (CCVM) learning guides and training Materials- containing 10 Sessions on CCVM.
5. Modified CCVM Training Materials for facility level
6. Translation of modified CCVM training materials to Urdu to be used at district and facility levels.
7. Cold Chain and Vaccine Management Training Courses conducted at the following places:
   - Bhurban in July 2006 (14 trainees from Federal and provincial focal points)
   - Islamabad in October 2006: (trainees from Earth quake affected areas including FANA districts)
   - The EPI team with the support of UNICEF has also conducted CCVM courses in 2007 at Lahore, Karachi, Peshawar and Quetta

When will the next EVSM/VMA* be conducted? ***May – June 2009.***

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: Pentavalent liquid 1 dose vial (DTP-HepB-Hib)	
Anticipated stock on 1 January 2010	**3,406,100**
Vaccine 2: Pneumo conjugate liquid 2 dose vial	
Anticipated stock on 1 January 2010	**Nil**

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?
EPI-Pakistan receives injection safety materials from GAVI through UNICEF in kinds only for the new vaccines (combo / penta). These materials required for other antigens are procured by government's own resources.

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material				
	GoP Procurement		**From GAVI[12]**	
	Quantity	**Date received**	**Quantity**	**Date received**
AD Syringe (0.05 ml)	*7,917,000*	*15 May '08*		
AD Syringe (0.5 ml)	*14,414,400*	*15 May '08*	*10,444,800*	*30 Sep 2008*
	25,358,400	*04 June 08*	*453,600*	*18 Dec 2008*
	23,675,800	*25 June 08*		
Reconstitution Syringe (2 ml)	*396,000*	*15 May '08*		
Reconstitution Syringe (5 ml)	*792,000*	*15 May '08*		
	792,000	*04 June 08*		
Safety Box	*75,600*	*29 April '08*	*57,900*	*07 Nov 2008*
	75,600	*12 May '08*		
	75,600	*28 June '08*		

Please report on any problems encountered.

[List problems]

No problem encountered.

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

Except for the new vaccines (Tetravalent/Pentavalent vaccine) all injection safety supplies for all other antigens are procured by government budget.

Please report how sharps waste is being disposed of.

EPI centres are mostly based in primary level health care facilities (e.g. Basic Health Unit and Rural Health Centre) where standard incineration facilities are limited. The possible way to destroy the sharps waste is through 'burn and burry' policy in a specified place in the facility where approach of the people is restricted.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

No problems encountered

[12] Source: UNICEF country office

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

Not Applicable

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

	Reporting Year 2008	**Reporting Year + 1**	**Reporting Year + 2**
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	27,592,962	9,918,062	11,135,825
New Vaccines	000	3,192,500	6,026,000
Injection supplies	3,135,162	4,378,137	4,902,367
Cold Chain equipment	0	3,091,225	0
Operational costs (cMYP)	0	0	0
Other (HE, Surveillance, contingency, ORS etc.)	463,775	6,231,250	3,505,900
Total EPI	**31,191,900**	**26,811,174**	**25,549,092**
Total Government Health budget	237,629,725	295,687,500	325,000,000

Exchange rate used	1 US$ = 80 PKR

Please describe trends in immunization expenditures and financing for the reporting year, such as **differences between planned versus actual expenditures, financing and gaps**. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

Planned expenditure

Government of Pakistan released Rs.1046 million for Jan – June 2008 and Rs. 3540 million for July – Dec 2008.

Actual expenditure

Total expenditure during 2008 was Rs. 4099 million.

Future Country Co-Financing (in US$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ….)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US$)

1st vaccine: Pentavalent (DTP-HebB-Hib)		**2009**	**2010**	**2011**	**2012**	**2013**
Co-financing level per dose		$0.30	$0.30	$0.40	$0.40	$0.40
Number of vaccine doses	#	1,615,800	1,541,100	2,328,100	2,603,500	3,489,100
Number of AD syringes	#	1,725,200	1,630,200	2,462,800	2,753,900	3,691,100
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	19,150	18,100	27,350	30,575	40,975
Total value to be co-financed by country	**$**	6,026,000	5,123,500	7,269,500	7,603,500	8,075,500

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US$)

2nd vaccine:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	**Planned Payment Schedule in Reporting Year**	**Actual Payments Date in Reporting Year**	**Proposed Payment Date for Next Year**
	(month/year)	***(day/month)***	
1st Awarded Vaccine (DTP-HepB-Hib)	October 2008	Not paid	**Program will procure vaccine share adopting country's Public Procurement Rules 2004 in 1st quarter 0f FY 2009-10**

Q. 2: How Much did you co-finance?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine (DTP-HepB-Hib)	Not yet	NA

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. EPI Pakistan is bound to procure vaccines adopting country's Public Procurement Rules in the light of embargo posed on EPI by High Court of the country not to purchase vaccine through UNICEF.
2. All procurement utilizing government resources must adopt PPR – 2004.
3. EPI Pakistan as per mandate uses only WHO pre-qualified and recommended vaccines purchasing through local competitive bidding process.

If the country is in default please describe and explain the steps the country is planning to come out of default.

Pakistan's initial plan for the co-financing was to pay its share to the UNICEF. But due to a court order imposed on the program in late 2007 all procurement using country's own resource to be done following Public Procurement Rules 2004 which allows any public procurement only through an open bidding process.

In this backdrop, the MoH has decided to procure its own share of vaccine which to be paid through co-financing through an open bidding process during 2009.

3. Request for new and under-used vaccines for year 2010

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

*Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.*

*Are there changes between table A and B? **Yes***

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

The annual growth rate of population has been increased in some districts due to influx of population from conflict affected areas from within and outside of the country. However, the changes couldn't be adjusted in those districts from where population movement is occurring and that will be possible only after doing national census which is expected to be completed by the end of 2009.This change in annual growth rate is the reason for higher number of birth than before.

Provide justification for any changes **in surviving infants**:

Number of surviving infants increased due to increase in annual birth cohort.

Provide justification for any changes **in Targets by vaccine**:

Since the annual birth cohort (target for BCG) and surviving infants (target for other antigens) has been changed, the target for vaccines also changed. Target for Measles 2nd dose is added in the Table B as Measles 2nd dose is added in the immunization schedule from 2009.

Vaccine 1: Pentavalent (DTP-HepB-Hib) vaccine

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)

Table 3.1: Specifications of vaccinations with new vaccine

	Use data in:		**2009**	**2010**	**2011**	**2012**	**2013**
Number of children to be vaccinated with the third dose	*Table B*	#	4,981,043	5,234,206	5,497,191	5,835,173	6,120,526
Target immunization coverage with the third dose	*Table B*	#	83%	85%	87%	90%	92%
Number of children to be vaccinated with the first dose	*Table B*	#	5,221,094	5,542,100	5,813,121	6,159,350	6,386,636
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.30	0.30	0.40	0.40	0.40

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2009	**2010**	**2011**	**2012**	**2013**
Number of vaccine doses	#	18,469,700	15,536,500	15,844,700	16,404,800	16,699,100
Number of AD syringes	#	19,720,400	16,434,000	16,762,100	17,352,200	17,665,500
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	218,900	182,425	186,075	192,625	196,100
Total value to be co-financed by GAVI	**$**	68,879,000	51,650,000	49,474,000	47,909,000	38,649,000

Vaccine 2: Pneumococcal (PCV 10) vaccine

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	436,184	5,497,191	5,835,173	6,120,526	6,416,800	6,724,369
Target immunisation coverage with the third dose	*Table B*	#	85%	87%	90%	92%	94%	96%
Number of children to be vaccinated with the first dose	*Table B*	#	1,385,525	5,813,121	6,159,350	6,386,636	6,621,592	6,864,460
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.11	1.11	1.11	1.11	1.11	1.11
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.15	0.20	0.20	0.20	0.20	0.20

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	5,533,100	21,796,100	19,668,900	20,305,500	21,052,000	21,823,500
Number of AD syringes	#	5,654,900	22,179,600	19,698,800	20,325,200	21,072,300	21,844,600
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	62,775	246,200	218,675	225,625	233,925	242,475
Total value to be co-financed by GAVI	**$**	20,441,000	80,531,000	72,401,500	75,688,000	78,470,500	81,346,500

Note: As per recommendation in WHO position paper for pneumococcal vaccine (March 2007) EPI Pakistan like to conduct a nationwide one time campaign for all children aged 12 to 24 months with a single dose of pneumococcal (PCV 10) vaccine before introduction of pneumococcal vaccine in the country, Approximate target of this campaign would be around 5.5 million children. It is also requested to arrange support for vaccines and operations for this campaign.

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

a) Fiscal year runs from July (month) to June (month).

b) This HSS report covers the period from January 2008 (month/year) to December 2008 (month year)

c) Duration of current National Health Plan is from July 2008 (month/year) to June 2009 (month/year).

d) Duration of the immunisation cMYP: 2005 - 2010

e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning & Development Wing of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included to this report.'*

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Mr. Muhammad Azam Saleem Joint Secretary (P&D)	Ministry of Health	Lead	2m_saleem@yahoo.com 0092 – 51 9207373
Other partners and contacts who took part in putting this report together			
Dr. Ibrahim Elziq, Chief MNHC	UNICEF Pakistan	TA	ielziq@unicef.org 0092 – 51 2097820
Dr. Werner Buehler, MO-PHC	WHO Pakistan	TA	buehlerw@who.int 0092 – 51 921 73 08

f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

Main sources for the reports were the minutes of the following meetings:

1. Minutes 1st Core Committee meeting 27.6.2007
2. Minutes 2nd Core Committee meeting 26.7.2008
3. Minutes 3rd Core Committee meeting 4.9.2008
4. Minutes 4th Core Committee meeting 16.1.2009
5. Funds re-appropriation table 21.6.2008
6. Minutes NHSCC meeting 19.9.2008

Training reports from LHW-EPI project (available on lhw-epi.pakqualitycare.ne)

g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

Major difficulties were the multitude of implementing partners and the absence of a common

reporting system. Communication between implementing partners and MoH was good, but offers potential for improvement.

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved		16,898,500	6,626,500						
Date the funds arrived		August '08							
Amount spent		$ 3,492,945							
Balance		$ 13,405,555							
Amount requested		$ 0							

Amount spent in 2008: $ 0
Amount obligated in 2008: $ 9,391,000$ (3,429,000 (WHO), $ 5,962,000 (UNICEF))
Amount spent per 31st March 2009: US$ 320,000 (WHO) (WHO has not so far communicated this information to MoH)

Remaining balance from total: US$ 16,898,500 arrived in country in 2008 and out of that current balance is US$ 13,405,555. US$ 6,626,500 component approved for 2009 in September 2008 has not yet arrived in the country. Including this figure the total balance is US$ 20,032,055.

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (i.e. 2008)						
Major Activities	**Planned Activity for reporting year**	**Report on progress[3] (% achievement)**	**Available GAVI HSS resources for the reporting year (2008) (PKR)**	**Expenditure of GAVI HSS in reporting year (2008)**	**Carried forward (balance) into 2009) (PKR)**	**Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements**
Objective 1: Improve the national maternal health care to more than 70% and EPI coverage for child health						
Activity 1.1: Strengthen the drug procurement system by supplementing 30% IMNCI recommended drugs in BHUs on cost sharing basis	Start bidding process	Financial bids opened	70,306,000	0	70,306,000	
Activity 1.2: Strengthen the logistics/procurement system by supplementing 50% IMNCI recommended equipment in BHUs	Purchase of equipment through UNICEF	Request to UNICEF to purchase equipment awaited from MoH	191,500,000	0	191,500,000	
Activity 1.3: Establish neonatal units in 26 (20%) First Referral Facilities (THQ/DHQHs) to strengthen referral.		No progress	23,400,000	0	23,400,000	
Activity 1.4: Establish ORT corners in 6,561 FLCFs (50%).	Activity suppressed and amount merged with 1.8	NA				

Activity 1.5: Procure and replace 100,000 weighing scales for children for LHWs. (01 per LHW)	Purchase through UNICEF	Specifications available, quantity needs to be determined by MoH	166,198,000	0	166,198,000	Budget increased from Activities 1.2. Discussions on determining specifications delayed the purchase
Activity 1.6:: Procure and supply computers and equipment for MIS section of Federal Program Implementation Unit (FPIU), LHW program	Implementation by LHW Programme		1,000,000	0	1,000,000	Lack of clarity on the funding request mechanisms led to delays
Activity 1.7: Strengthen the district transport system by replacing 100 off-road pickups for Lady Health Supervisors for supervision and monitoring (50 Sindh, 25 Punjab, 25 NWFP)	Activity suppressed and amount merged with 1.8	NA				
Activity 1.8: Procure and supply Zinc Suspension 20 mg to LHWs. (100,000 LHWs X 15 /LHW/month X 24 months)	Procurement	Bidding process has started	182,488,000	0	182,488,000	Budget derived from Activities 1.4, 1.7, 5.2
Activity 1.9: Technical assistance from an international consultant for conducting national IMNCI planning workshop and monitoring pre-service training (02 visits X 01 person X 01 week)	Implementation by WHO		720,000	0	720,000	Progress to be reported by WHO
Activity 1.10: National orientation/planning workshop for academia for introduction of IMNCI in the pre-service training of medical and paramedical (01 course X 24 participants)	Implementation by WHO		1,495,000	0	1,495,000	Progress to be reported by WHO
Activity 1.11: National orientation/planning workshop for academia for introduction of EmONC in the pre-service training of medical and	Implementation by WHO		1,495,000	0	1,495,000	Progress to be reported by WHO

paramedical (01 course X 24 participants)						
Activity 1.12: Training of teaching staff on imparting training on IMNCI (4 courses X 6 days X 16 persons)	Implementation by WHO		1,993,000	0	1,993,000	Progress to be reported by WHO
Activity 1.13: Training of teaching staff on imparting EmONC training (4 courses X 6 days X 16 persons)	Implementation by WHO		1,993,000	0	1,993,000	Progress to be reported by WHO
Activity 1.14: Develop Instructor's Manual for IMNCI training of medical/paramedical students	Implementation by WHO		360,000	0	360,000	Progress to be reported by WHO
Activity 1.15: Develop Student's Manual for IMNCI training of medical/paramedical students	Implementation by WHO		360,000	0	360,000	Progress to be reported by WHO
Activity 1.16: Develop Instructor's Manual for EmONC training of medical/paramedical students	Implementation by WHO		360,000	0	360,000	Progress to be reported by WHO
Activity 1.17: Develop Student's Manual for EmONC training of medical/paramedical students	Implementation by WHO		360,000	0	360,000	Progress to be reported by WHO
Activity 1.18: Print 100 Instructor and 5000 Student Manuals for training of medical/paramedical students in IMNCI and EmONC	Implementation by WHO		875,000	0	875,000	Progress to be reported by WHO
Activity 1.19: Training of 21,500 (22%) LHWs in vaccination (1,075 trainings X 3 weeks X 20 participants)	National, Provincial, District and Facility level training workshops	All planned national, prov. And district workshops done, except in Karachi and security compromised areas in NWFP (Karak, Kohat, Lakki Marwat)	129,000,000	10,000,000	119,000,000	Progress to be reported by WHO
Activity 1.20: Train private sector health		10 courses	7,680,000	7,680,000	0	All 32 courses

care providers on IMNCI (32 courses X 11 days course X 24 participants)		completed				couldn't be done due to inadequate fund
Activity 1.21:: Train private sector health care providers on EmONC (32 courses X 3 weeks course X 24 participants)		10 courses completed	7,680,000	7,680,000	0	All 32 courses couldn't be done due to inadequate fund
Objective 2: Enhance effectiveness of district health care delivery through strengthening human resource development, organizational management and leadership capacity, logistics, supplies and infrastructure						
Activity 2.1: Conduct comprehensive district mapping for public and private health manpower, facilities and support systems in 130 districts and analyse information	Mapping of 44 districts	Teams trained, questionnaires available	13,000,000	0	13,000,000	Ongoing discussions on the modalities, change in HSA leadership
Activity 2.2: District health management training for 672 district health managers including M&E with exposure to the district team problem solving approach (28 courses X 3 weeks X 24 persons) through HSA, IPH, Provincial HSA, and DHDCs.		Master training planned for June 2009	14,490,000	0	14,490,000	Ongoing discussions on the most cost-effective way to train district managers
Activity 2.3: Training of 129 Zillah Monitoring Committees (ZMCs) on Health System Management and Monitoring (129 X 5 days X 5 persons) through DTCE and DHDCs.		No activity	5,870,000	0	5,870,000	Ongoing discussions on modalities
Activity 2.4: Shown in COA relates to strengthening of HSS unit by WHO at a cost of Rs. 20 million Activity 2.4: Support for District MNCH Training Coordinator		Approximately 50% recruitment is done but HSS fund not spent yet due to delay in fund release	46,139,000	0	46,139,000	Recruitment done on GoP funds, GAVI funds not yet transferred to MNCH program

		from MoH to the program				
Activity 2.5: Support for the District MNCH Public Health Specialist			21,420,000	0	21,420,000	Recruitment done on GoP funds, GAVI funds not yet transferred to MNCH program
Activity 2.6: Workshop on information use for district health managers			4,659,000	0	4,659,000	Proposal forwarded to MoH awaiting approval
Activity 2.7: LHW-MIS software training & implementation in Balochistan and Sindh			2,500,000	0	2,500,000	Proposal forwarded to MoH awaiting approval
Activity 2.8: Support to WMOs at DHQ/THQ		Approximately 70% recruitment is done but HSS fund not spent yet due to delay in fund release from MoH to the program	41,088,000	0	41,088,000	Recruitment done on GoP funds, GAVI funds not yet transferred to MNCH program
Activity 2.9: Support to Provincial and Federal level in supervision, monitoring and evaluation of health system performance			6,000,000	0	6,000,000	
Activity 2.10:Support to external review and evaluation			0			
Objective 3: Improve community and civil society organizations involvement in health system decision making mechanism						
Activity 3.1: Revitalization of LHW health committees			10,000,000	0	10,000,000	
Activity 3.2: Establish, develop and revitalize female health volunteers and			6,000,000	0	6,000,000	

CSO in supervision and monitoring of MNCH scaled up services						
Activity 3.3: Community-based emerging operational needs assessment & gap analysis for 2nd phase of GAVI HSS			6,000,000	0	6,000,000	
4. Research, survey and assessments						
4.1 Research, surveys and assessment			0			
5. Program management and transport						
5.1 Program management, office equipment, operational costs	Used for supporting the HSPU (WHO)		25,342,000	0	25,342,000	NPOs hired in 4 Provinces, 1 expert hired for HSPU
5.2 Vehicles	Activity suppressed and amount merged with 1.8		NA			

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.
Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (i.e. January – December 2009) and emphasise which have been carried out between January and April 2009

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year (PKR)	Balance available (To be automatically filled in from previous table) PKR	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1: Improve the national maternal health care to more than 70% and EPI coverage for child health					
Activity 1.1: Strengthen the drug/procurement system by supplementing 30% IMNCI Recommended drugs in BHUs on cost sharing basis	Procurement and distribution of IMNCI drugs	70,306,000	70,306,000	0	
Activity 1.2: Strengthen the logistic/procurement system by supplementing 50% IMNCI recommended equipment in BHUs	This activity is now merged with Activity 1.5				
Activity 1.3: Establish neonatal Units in 26 (20%) First Referral Facilities (DHQs/THQs)	Will be implemented in 2009	23,400,000	23,400,000	0	
Activity 1.4: Establish ORT corners in 50% FLCFs	This activity is now merged with Activity 1.8				
Activity 1.5: Weighing scales for Children for LHWs (one / LHW)	Procurement and distribution will be done in 2009	166,198,000	166,198,000	0	
Activity 1.6: Computers & equipment for FPIU of LHW program	Procurement and distribution will be done in 2009	1,000,000	1,000,000	0	

Activity 1.7: Strengthen the district transport system by replacing off-road Suzuki pickups of LHS (1 Suzuki pickup each for 100 LHS)	This activity is now merged with Activity 1.8				
Activity 1.8: Zinc Sulphate suspension for LHWs (15 bottles /LHW/Month)	Procurement and distribution will be done in 2009	207,830,000	207,830,000	0	
Activity 1.9: International consultant for IMNCI planning workshop	The IMNCI planning workshop will be conducted in 2009	720,000	720,000	0	
Activity 1.10: National Academia workshop for IMNCI introduction	Will be done in 2009	1,495,000	1,495,000	0	
Activity 1.11 National Academia workshop for EmNOC:	Will be done in 2009	1,495,000	1,495,000	0	
Activity 1.12: Training of Teaching staff on imparting IMNCI training	Will be done in 2009	1,993,000	1,993,000		
Activity 1.13: Training of Teaching staff on imparting EmNOC training	Will be done in 2009	1,013,000	1,013,000		
Activity 1.14: Development of Instructor manual for IMNCI training	Will be done in 2009	360,000	360,000		
Activity 1.15: Development of Students manual for IMNCI training	Will be done in 2009	360,000	360,000		
Activity 1.16: Development of Instructor manual for EmNOC training	Will be done in 2009	360,000	360,000		
Activity 1.17: Development of Students manual for EmNOC training	Will be done in 2009	360,000	360,000		
Activity 1.18: Printing of instructor and student manuals	Will be done in 2009	875,000	875,000		
Activity 1.19: Training of LHWs on vaccination	Training of 17,000 LHWs on EPI	119,000,000	119,000,000	0	
Activity 1.20: Train private sector health care providers on IMNCI	10 courses completed	7,680,000	0	7,680,000	

Activity 1.21: Train private sector health care providers on EmNOC	10 courses completed	7,680,000	0	7,680,000	
Objective 2: Enhance effectiveness of district health care delivery service through strengthening human resource development, organizational management and leadership capacity, logistics, supplies and infrastructure.					
Activity 2.1: Comprehensive district mapping of Public & Private Health Sector	Data collection and analysis	13,000,000	13,000,000	0	
Activity 2.2: Training of district health managers Including M&E, and exposure to district team solving approach methodology	Training workshop in 44 districts	14,490,000	14,490,000	0	
Activity 2.3: Training of Zilla monitoring committees on health system management & monitoring	Training workshop in 129 districts	5,870,000	5,870,000	0	
Activity 2.4: Support for district MNCH Training Coordinator	Recruitment will be done for all districts in 2009	46,139,000	46,139,000	0	
Activity 2.5: Support to the District MNCH Public Health Specialist	Recruitment is under process (50% done) and will be completed in 2009	21,420,000	21,420,000	0	
Activity 2.6: Workshop on information use for district health managers	Workshop will be held	4,659,000	4,659,000	0	
Activity 2.7: LHW-MIS software training & implementation in Balochistan & Sindh	Training workshops	2,500,000	2,500,000	0	
Activity 2.8: Support to WMOs at DHQ/THQ (2 at each DHQ/THQ)		41,088,000	41,088,000	0	
Activity 2.9: Support for provincial and Federal levels in supervision, monitoring and evaluation of health system performance	Supervisory visits by Federal and Provincial officers	6,000,000	6,000,000	0	
Activity 2.10: Support to external review and					

evaluation					
Objective 3: Improve community and civil society organizations involvement in health system decision making mechanism.					
Activity 3.1: Revitalization of LHW health committees	Operational plans for 10,000 LHW health committee	10,000,000	10,000,000	0	
Activity 3.2: Establish, develop and involve female health volunteers and CSOs in supervision & evaluation for MNCH scaled up services	Identifying and prioritising areas of interventions for piloting in 10 districts	6,000,000	6,000,000	0	
Activity 3.3: Community-based emerging operational need assessment & gap analysis for 2nd phase of GAVI HSS	Hiring consultancy for the task	6,000,000	6,000,000	0	
Research, survey and assessments					
Activity 4.1: Research, survey and assessments					
Support Functions					
Program Management, office equipment, operational cost	Hiring technical support for HSPU	25,342,000	25,342,000	0	
Vehicle	This activity is now merged with Activity 1.8				
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 Planned HSS Activities for next year (i.e. 2010 FY) This information will help GAVI's financial planning commitments **Planning exercise for 2010 will be done in the 3rd quarter of 2009.**					
Major Activities	**Planned Activity for current year (ie.2009)**	**Planned expenditure in coming year**	**Balance available** **(To be automatically filled in from previous table)**	**Request for 2010**	**Explanation of differences in activities and expenditures from original application or previously approved adjustments****
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS					

4.6 Programme implementation for reporting year:

a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

Proposal overview

The HSS proposal was divided into two parts, with the first part going over two years. The main objective was to support the National Programme for Maternal & Child Health, through capacity building, equipment, and drugs.

A first tranche was disbursed by GAVI in August 2008 (16,898,500 USD). The first implementation phase can be considered to have effectively started in October 2008, and should end by December 2009. A new proposal will be introduced for a next phase from 2010 – 2012, based on the achievements and experiences of the first phase.

A 2nd tranche was approved by GAVI (6,626,000 USD) in December 2008.

Finance

The funds of the first tranche were divided between three implementation partners, MoH, UNICEF, WHO. MoH signed Memorandum of Understanding with UNICEF and WHO over the implementation of parts of the GAVI HSS proposal.

As a consequence, the shares for WHO and UNICEF were transferred to their respective accounts. WHO and UNICEF regularly report to the Planning Unit in MoH on implementation progress.

Management

Responsible for implementation of the MoH part and the overall implementation of GAVI HSS is the Planning & Development Wing in the Ministry of Health, headed by the Joint Secretary (P&D). Regular meetings among the implementing partners ("HSS core group") were held on dates mentioned at para 4.1 (F) and minutes of these meetings were shared with the NHSCC.

Changes in the proposal

The NHSCC agreed on some changes in the implementation plan, in order to achieve the objectives of the proposal in a more efficient way.

1. Support to the MoH in the form of a National Health System & Policy Unit
2. Support to Provincial Health Departments through HSS officers
3. Reassignment of funds to certain budget lines.

1. Support to MoH / NHPU

NHSCC members felt that the Planning & Development Wing needed a more strategic approach to Health System Strengthening in order to successfully manage long-term

investments from a variety of external partners. Capacities in the domains of health financing, monitoring and medical technology are not readily available in the FMoH. They are however needed to oversee the HSS programme and to strategically plan future interventions.
It was decided that out of the WHO share a certain amount would be spent on hiring 4 experts on Health Systems, Health Financing, Medical Technology and M&E, to support the Planning Directorate.

After a thorough and transparent selection process 4 candidates were selected by WHO and proposed to the MoH. Concurrence of the MoH is awaited.

2. Support to Provincial Health Departments through HSS officers
Out of the WHO share five National Programme Officers were recruited by WHO to assist the Provincial DoH in the implementation of the proposal and to strengthen HSS capacity (4 Provinces and Islamabad).

These officers have played a major role in the implementation of the vaccination training for Lady Health Workers, through organizing Provincial and District training for trainers.

3. Re-assignment of certain budget lines
In order to cover a larger share of the population with critically important services, the budget lines for procurement of Zinc Sulphate and weighing scales were cross-alimented from other budget lines considered less urgent.
Weighing Scales were initially calculated to cost 40,575,000 PKR. However, the actual demand was later calculated as 166,198,000 PKR. The shortfall of 125,623,000 PKR was partially covered as follows:
i) 100,000,000 PKR from activity 1.2.
ii) 40,575,000 under activity 1.5 (original)
iii) 25,623,000 from activity 1.8

The requirement of the budget amounting to Rs. 182.488 million for Zinc Sulphate suspension (1.8) was decided as follows:
52,488,000 PKR from activity 1.4
30,000,000 PKR from activity 1.7
100,000,000 PKR from activity 5.2

Implementation
The process of GAVI HSS implementation was slowed down by a number of factors including the fast institutional changes in the MoH which directly affected the planning unit. However, the division of labour between the MoH, WHO and UNICEF has proven to be a viable way of effective implementation.

WHO has in close collaboration with the EPI and LHW programs – helped in organizing national, provincial and district workshops for 33 districts in order to train Lady Health Workers in vaccination. The Health Services Academy and Provincial Institutes of Public Health will carry out mapping of service provision during the month of April. The Management Effectiveness Training is scheduled to begin in May/June with Master Training at Health Services Academy Islamabad.

Trainings for private sector service providers on EMoNC and IMNCI were organized in all provinces according to plan.

UNICEF has provided a cost-estimate for weighing scales, which exceeds the

respective budget line. The MoH is in the process of downscaling the purchase order to meet the budget line.

The MoH was affected by major changes in the planning unit with a new director taking charge and some senior officials being transferred. This led to considerable delays in practical implementation and operational planning. However, the National Programme for Primary Health Care is in the process of elaborating a detailed proposal in Woman Health Committees as planned.

Issues and obstacles
The ownership for the HSS programme is gradually building in the MoH, together with an understanding that a long-term commitment to HSS should be translated in strengthening the institutional capacity of the MoH to strategically plan, monitor and oversee HSS interventions. The initial investment by the GAVI proposal into a Health System and Policy Unit will prove to be a major development in this direction, if the ownership of MoH can be translated into a formal integration of such a unit in the organogram of the Ministry, with all major technical posts being sanctioned.

Past experiences with a similar unit have led to an intensive reflection process between the MoH and Health Development Partners on how to avoid the errors of the past. A MoH owned and HDP supported Health System & Policy Unit will ensure a long-term technical engagement of the MoH in HSS.

The implementation of GAVI through external partners of the MoH like WHO and UNICEF has proven to be successful, as the Technical capacity of these agencies can be entirely put to the service of Health System Strengthening activities of the MoH. It also provided development partners an opportunity to align their strategies and programmes so as to complement each other's actions on the ground.

b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

Details are mentioned in the CSO section

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget? Please provide details.

NO Financial procedures to put donor funds on-budget in the MoH are complicated and would have slowed down implementation even further. On-budget funds can only be used under PC-1 funding, needing approval from the Planning Commission (if the amount per PC-1 (i.e. per project) exceeds 40 Mio. PKR). This approval process is heavily formalized and takes usually up to 6 months or more.

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

No audit report available.

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application

Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets
		Under five mortality rate (per 1000)	Number of annual deaths among children aged under five years	Total number of children aged under five years	Federal Bureau of Statistics	103	Pakistan Family Planning and Reproductive Health Survey 2001 – 02	2001	<65	2012		
		Infant mortality rate (per 1000)	Number of annual deaths among infants aged under one year	Total number of infants aged under one year	Federal Bureau of Statistics	76	Pakistan Family Planning and Reproductive Health Survey 2001 – 02	2001	<55	2012		
		Proportion of deliveries assisted by Skilled Birth Attendants (%)	Number of annual deliveries assisted by Skilled Birth Attendants	Total number of annual deliveries	Federal Bureau of Statistics	30%	Pakistan Family Planning and Reproductive Health Survey 2001 – 02	2001	50%	2012		
		Contraceptive prevalence rate (%)			Federal Bureau of Statistics	28%	Pakistan Family Planning and Reproductive Health Survey 2001 – 02	2001	45%	2012		
		National DPT3 coverage (%)	Number of infants under one year of age received a valid DPT3 dose annually	Total number of infants under one year of age	MoH	64.5%	EPI coverage – third party evaluation	2006	>85%	2012		
		Number/percentage of districts achieving >80% DPT3 coverage	Number of districts having DPT3 coverage more than 80%	Total number of districts in the country	MoH	25%	EPI coverage – third party evaluation	2006	80%	2012		

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

a. Signed minutes of the HSCC meeting endorsing this reporting form
b. Latest Health Sector Review report
c. Audit report of account to which the GAVI HSS funds are transferred to
d. Financial statement of funds spent during the reporting year (2008)
e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Controller Ministry of Health:

Name: Mr. Khushnood Akhtar Lashari

Title / Post: Secretary Health, Government of Pakistan
Signature:

Date:

5. Strengthened Involvement of Civil Society Organizations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support[13]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

CSO -- Civil Society Organization
EPI—Expanded Programme on Immunization
HQ – Head Quarter
INGO – International Non Governmental Organization
MoH – Ministry of Health
NGO -- Non Governmental Organization
NHSCC –National Health Sector Coordination Committee
PBA – Project Budget Allocation

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

GAVI Secretariat's visit to Pakistan in September 2007 was a catalyst for Type A and Type B proposal development. For this meeting, relevant CSOs, (NGOs and INGOs, academic institutes) working on maternal and child health at provincial and national level, were identified. Most of the CSOs had a history of working with Ministry of Health, its attached departments or partner organizations (UNICEF and WHO) on immunization, social mobilization or health system strengthening. An invitation was sent out by the NHSCC/ MoH to more than 30 CSOs, (both national and international) out of which 23 attended the meeting where for the first time a new window of GAVI support for CSOs (Type A and B) was introduced by the visiting members of GAVI Secretariat. (These - 30 CSOs, were *not* a subset, but included *all* the CSOs identified).

Following the September 2007 Meeting, Type A was developed and on receiving the approval (in December 2007), a scrutiny/ evaluation of the CSOs who had expressed interest to the Ministry of Health in the new initiative was carried out by a Consultant hired as a CSO Coordinator by the Ministry of Health. This was done to ensure that the CSOs fulfilled the strict criteria given in GAVI Guidelines to ensure eligibility in becoming a member of the CSO Consortium and a recipient of Type B funding.

[13] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

CSOs in Pakistan are working on parallel programs in the development sector and there potential remains untapped. However, this gap is comparatively less in the health sector where many CSOs are working on issues related to immunization, maternal and neo natal health and health system strengthening.

Therefore the first step to make this new initiative a success was to develop a comfort level of CSOs with the government. Hence the credibility of the organization to be working with the Ministry of Health was a major concern and considered very important.

The CSO Coordinator of the MoH, personally visited the office of each CSO who had submitted *Letter of Interest* and met their *staff***,** to gather information on their *registration, years of working* and *completed similar projects*. (All part of GAVI criteria in Guidelines).

The exercise turned out to be very fruitful because as a result of the process one CSO was found to be a ghost NGO.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

The 15 CSOs that form the GAVI CSO Consortium are divided into 3 clusters based on geographical presence. Each cluster has nominated one CSO as their coordinator. Since there is no head of the consortium, all the three cluster coordinators are nominated to sit on NHSCC (the national health sector coordination committee), to ensure participation at the meeting by at least one member.
This was approved by the Secretary of Health, (MoH) who chairs the NHSCC. However, till to date no NHSCC meeting has been organized in which CSO Coordinators could participate.

*Please provide **Terms of Reference for the CSOs** (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.*

Under Type A support a work plan was developed for 2008, by the Cluster Coordinators to strengthen the capacity of partner CSOs and learn from each other's experiences. One CSO in each geographical cluster was elected by mutual consent of all CSO members to represent that particular cluster.
Terms of Reference for Cluster Coordinators, developed are given below:
Organize:

- Experience sharing meetings among member organizations;
- Record keeping of complete activities/events/correspondence of consortium;
- Collect and maintain a resource base including reports, books, resource persons and their addresses for sharing it with members;

- Visits of GAVI ALLIANCE, UNICEF and Ministry of Health to its partner organizations;

Communicate:

- Deadlines and reporting guidelines to members;
- Timely information related to Consortium activities;
- Relevant technical information to members via phone, email, fax and surface mail system;
- Document events in the form of reports and minutes and disseminate them among members;

Coordinate:

- Exchange visits for technical and operational coordination;
- Sharing of experiences and expertise via exchange of reports, resource persons, peer reviews and meetings. Fixing of dates and timings of events with members and relevant stakeholders;

Document:

- Minutes of quarter experience sharing meetings (6 meetings over 18 months period)
- Compile six monthly progress and financial reports received from members of consortium;

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

Till to date no NHSCC meeting has been organized in which CSO Coordinators could participate.
However, Federal Secretary of Health has nominated the National Programme Manager, EPI/ MoH to be the focal person to facilitate the execution of GAVI CSO Support.
As far as CSO interaction is concerned, the process is going on at cluster level. The objective of these meetings and exchange visits is to strengthen and build the capacity of small CSOs and share experiences in maternal and child health.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Initial meetings (2)	5,000.00	4,673.00	4,665.66	7.34	0.00
Nomination process					
Election/nomination meeting	5,000.00	4,673.00	4,095.87	577.13	0.00
Management costs					
Recruitment of consultant	30,000.00	28,038.00	23,381.66	4,656.34	0.00
Regular coordination meetings	50,000.00	46,730.00	19,200.11	27,529.89	0.00
Mechanism for coordination/communication	10,000.00	9,346.00	3,321.93	6,024.07	0.00
HQ Recovery Cost		6,540.00	6,540.00	0.00	0.00
TOTAL COSTS	**100,000.00**	**100,000.00**	**61,205.23**	**38,794.77**	**0.00**

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

As indicated in the proposal, GAVI Alliance funds are channelled through UNICEF Headquarter through a project budget allocation (PBA) to UNICEF country office. On receipt of request by the MoH, funds are released by UNICEF for the activity.

After the approval of Proposal (Type A), in December 2007, mapping/ CSO meetings etc. were planned for 2008. Due to delay in funds transfer, (from GAVI to UNICEF); activities were conducted as planned and financed by UNICEF Pakistan. The gap was met for three quarters, but in the last quarter of 2008, some planned exercises could not be held as UNICEF ran out of resources at the end of the year.

Funds for 2008 were finally received by UNICEF in January this year and the activities will now continue in 2009.

TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

This section is to be completed by countries that have received GAVI TYPE B CSO support[14]

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

BHU - Basic Health Unit
CSO -- Civil Society Organization
EmOC – Emergency Obstetric Care
EmONC -- Emergency Obstetric Neonatal Care
FLCF – First Level Care Facility
HSS -- Health System Strengthening
KAP – Knowledge Attitudes & Practices
RHC -- Rural Health Centre
TWG --Technical Working Group
IRC – Independent Review Committee

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

A follow up meeting of the CSOs was organized in January 2008, to inform the CSOs of the details pertaining to Type B support. The organizers asked the CSOs to chose the objectives and activities (from the HSS Objectives) depending on their comparative advantage and geographical presence and submit a proposal (Type C) keeping in view the limited period to complete the pilot project. Out of the 19 proposals (Type C) received by the MoH, 15 were accepted by the TWG and it was these 15 CSOs who formed a consortium.

The 15 CSO proposals were merged into on Type B proposal and submitted to GAVI Secretariat on March 7th, 2008. In April 2008, Pakistan received 'Conditional Approval' for Type B and the Cluster Coordinators and the CSO Coordinator worked together to address the conditions and submitted them in September 2008, to be reviewed at the IRC meeting to be held in October 2008. On November 4th, 2008, Pakistan was informed about the approval of the Type B proposal with a clarification.
After receiving the clarification, the approval of the proposal was indicated to Ministry of Health through a letter (January 2009) sent by GAVI Secretariat.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

[14] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

The expectations of CSOs was very high in receiving an early response to the proposal submitted on March 7th, 2008, as the time period for implementation (Type B) given by GAVI was October 2009.

Although a *conditional approval* was received in April, 2008, the review of proposal by IRC (meeting only twice a year) did not take place till October 2008.

This was a concern for many CSOs who had planned to start their implementation as early as the second quarter of 2008 (to enable them 18 months to complete by 2009).

However, when GAVI extended the deadline from October 2009 to end of 2010, the time line was shifted to next year.

Ministry of Health is the lead organization for the GAVI CSO Support where as the funds will be managed through UNICEF Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Not much interaction as the activities is to start in the second quarter of 2009.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

The involvement or progress cannot be measured as the support will start in 2009.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved
AKHS - Aga Khan Health Services	Yes	Will start in 2009	No activity in 2008
AKU - Aga Khan University	Yes	Will start in 2009	No activity in 2008
APWA-All Pakistan Women Association	Yes	Will start in 2009	No activity in 2008
BDN - Basic Development Need	Yes	Will start in 2009	No activity in 2008
CHIP - Civil Society Human and Institutional development Programme	Yes	Will start in 2009	No activity in 2008
HANDS – Health and Nutrition Development Society	Yes	Will start in 2009	No activity in 2008
HELP – Health Education and Literacy Programme	Yes	Will start in 2009	No activity in 2008

LIFE – Literacy/Information in Family Health and Environment	Yes	Will start in 2009	No activity in 2008
NRSP – National Rural Support Programme	Yes	Will start in 2009	No activity in 2008
PAVHNA – Pakistan Voluntary Health and Nutrition Association	Yes	Will start in 2009	No activity in 2008
PRSP–Punjab Rural Support Programme	Yes	Will start in 2009	No activity in 2008
PVDP–Participatory Village Development Programme	Yes	Will start in 2009	No activity in 2008
SABAWON – Social Action Bureau for Assistance in Welfare and Organizational Networking	Yes	Will start in 2009	No activity in 2008
SCF-UK - Save The Children UK	Yes	Will start in 2009	No activity in 2008
THF - The Health Foundation	Yes	Will start in 2009	No activity in 2008

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes
AKHS - Aga Khan Health Services	Yes	Training/ skills to SBA, LHV and Volunteer and immunization teams and diversification of FLCF staff. Establish Health Committees and strengthen the existing ones to perform monitoring roles.	Increase in Immunization coverage (up to 23 months) Decrease in children with moderate / severe malnutrition (less than 5 yrs) Increase in delivery by Skilled Birth Attendants Increase in TT Coverage (pregnant mothers)
AKU - Aga Khan University	Yes	Establish surveillance capacity for Hib, pneumococcal and rotavirus gastroenteritis at district hospitals Immunization of EPI at the health centres in semi urban slums.	Increase in Immunization coverage (up to 23 months**)**

APWA-All Pakistan Women Association	Yes	Awareness raising and sensitization campaigns/ workshops at community level	Decrease in children with moderate / severe malnutrition (less than 5 yrs) Increase in delivery by Skilled Birth Attendants
BDN - Basic Development Need	Yes	Training of health care providers (doctors, LHVs, medical technicians) on integrated management of childhood illnesses. Strengthening public sector MCH centres through plugging gaps the equipment needed	Increase in Immunization coverage (up to 23 months) Decrease in children with moderate / severe malnutrition (less than 5 yrs) Decrease in low birth weight babies Increase in delivery by Skilled Birth Attendants Increase in TT Coverage (pregnant mothers)
CHIP - Civil Society Human and Institutional development Programme	Yes	Training of community volunteers on conducting awareness raising workshops. Development of IEC material on safe motherhood and child health to be disseminated in schools. Training of LHWs in reporting health related data.	Increase in Immunization coverage (up to 23 months) Increase in delivery by Skilled Birth Attendants Increase in TT Coverage (pregnant mothers)
HANDS – Health and Nutrition Development Society	Yes	Mobilization of community based institutions, capacity building and advocacy. Establishment of complaint centre at district.	Increase in Immunization coverage (up to 23 months) Decrease in children with moderate / severe malnutrition (less than 5 yrs) Decrease in low birth weight babies Increase in delivery by Skilled Birth Attendants Increase in TT Coverage (pregnant mothers)

HELP – Health Education and Literacy Programme	Yes	Increase awareness regarding birth spacing and nutrition amongst married couples.	Increase in Immunization coverage (up to 23 months**)** Decrease in children with moderate / severe malnutrition (less than 5 yrs) Decrease in low birth weight babies Increase in delivery by Skilled Birth Attendants Increase in TT Coverage (pregnant mothers)
LIFE – Literacy/Information in Family Health and Environment	Yes	Advocacy with policy makers on injection safety including its safe disposal.	Increase in Immunization coverage (up to 23 months) Increase in TT Coverage (pregnant mothers)
NRSP – National Rural Support Programme	Yes	Training of TBAs, community members and quakes. Street theatre and other BCC material. Set up free vaccination camps	Awareness sessions on MNCH with religious leaders & councillors. Increase in TT Coverage (pregnant mothers)
PAVHNA – Pakistan Voluntary Health and Nutrition Association	Yes	Establish outreach community based clinics. Provide door to door information on RH. Develop effective referral for safe deliveries and EmOC services.	Increase in Immunization coverage (up to 23 months) Decrease in children with moderate / severe malnutrition (less than 5 yrs) Decrease in low birth weight babies Increase in delivery by Skilled Birth Attendants Increase in TT Coverage (pregnant mothers)
PRSP–Punjab Rural Support Programme	Yes	Training of vaccination staff. Advocacy and social mobilization on safe motherhood.	Increase in Immunization coverage (up to 23 months) Increase in TT Coverage (pregnant mothers)
PVDP– Participatory Village Development Programme	Yes	Vaccination of children and women. Training on disease and safe vaccination practices. Awareness of safe use of injection and blood transfusion.	Increase in Immunization coverage (up to 23 months) Increase in delivery by Skilled Birth Attendants Increase in TT Coverage (pregnant mothers)

SABAWON – Social Action Bureau for Assistance in Welfare and Organizational Networking	Yes	Formation of Health Centres and basic training of staff on primary health care, awareness about preparation of ORS, danger signs of illness in under 5 children. Advocacy and mobilization through door to door campaigns.	Increase in Immunization coverage (up to 23 months)
SCF-UK - Save The Children UK	Yes	Analysis and KAP survey on MNCH issue strengthening MNCH service delivery at FLCF, Provision of 24/7 basic EmONC services at BHUs & RHCs	Increase in Immunization coverage (up to 23 months) Decrease in children with moderate / severe malnutrition (less than 5 yrs) Increase in delivery by Skilled Birth Attendants
THF - The Health Foundation	Yes	Hepatitis B vaccination of children for 1, 2 & 3 doses. Awareness of community regarding modes of spread of Hep B &C. Screening of mothers for Hep B surface antigen. Prevention of vertical transmission of Hep B.	Increase in Hepatitis B vaccination of children (5-16 years) Increase in number of mothers vaccinated for Hepatitis B

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
AKHS,P	232,200.00	None	None	None	154,800.00	77,400.00
AKU	118,348.15	None	None	None	78,898.77	39,449.38
APWA	73,194.53	None	None	None	48,796.35	24,398.18
BDN	696.150.00	None	None	None	464,100.00	232,050.00
CHIP	232,601.40	None	None	None	155,067.60	77,533.80
HANDS	223,930.36	None	None	None	149,286.91	74,643,45
HELP	116,535.21	None	None	None	77,690.14	38,845.07
LIFE	298,633.70	None	None	None	199.089.13	99,544.57
NRSP	322,348.73	None	None	None	214,899.15	107,449.58
PAVHNA	187,488.90	None	None	None	124,992.60	62,496.30
PRSP	436,517.57	None	None	None	291,011.71	145,505.86

PVDP	108,201.72	None	None	None	72,134.48	36,067.24
SABAWON	187,407.29	None	None	None	124,938.19	62,469.10
SCF-UK	421,350.30	None	None	None	280,689.01	140,450.10
THF	140,533.51	None	None	None	93,689.01	46,844.50
CSO Project Activity Cost (of all CSOs)	3,795,441.37	None	None	None	2,530,296	1,265,148
Management costs (of HSCC / TWG)	**None**				**None**	**None**
Financial auditing & Coordination cost (of all CSOs)	290,466				193,644	96,822
TOTAL COSTS	**4,587,000***				**3,038,000**	**1,549,000**

Note:* Includes PSC (US$ 321,090) and M&E (US$ 180,000)

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

GAVI Alliance financial funds will be channelled through UNICEF Headquarter through a project budget allocation (PBA) to UNICEF country office.
The CSOs will prepare individual activity plans and cash advance requests and submit to TWG for review. On approval from TWG fund release requests of CSOs will be submitted to UNICEF. UNICEF will release funds in three instalments: 1st (40%) instalment on approval of proposal; 2nd instalment (30%) and 3rd instalment (30%) on verification through monitoring system as described in proposal document. CSOs will be responsible for appropriate utilization of budgets.

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

Audits of each GAVI Alliance CSO project will be done by the CSO itself as a part of their regular auditing system (internal and/or external) and appropriate documents will be provided to GAVI on request. A final audit will be conducted at the end of program.

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

The activities will commence from April 2009 as funds to CSOs have not yet been disbursed.

Activity / outcome	Indicator	Data source	Base line value	Date of base line	Current status	Date recorded	Target	Date for target
Training of vaccination staff. Establish out reach community based clinics. Provide door to door information on RH. Formation of Health Centres and basic training of staff on primary health care, awareness about preparation of ORS, danger signs of illness in under 5 children. Advocacy and mobilization through door to door campaigns. Vaccination of children and women. Training on disease and safe vaccination practices.	% of fully immunized (up to 23 months)	EPI MIS & Pakistan Demographical and Health Survey (PDHS) 2006-07	47%	2007	Pending on commencement of activities		80% increase in target area	End of 18 months
Advocacy and social mobilization on safe motherhood. Street theatre and other BCC material. Set up free vaccination camps. Awareness sessions on MNCH with religious leaders & councillors. Advocacy with policy makers on injection safety including its safe disposal.	% of TT Coverage of pregnant mothers	Pakistan Demographical and Health Survey (PDHS) 2006-07	60%	2007	Pending on commencement of activities		85% increase in target area	End of 18 months
Awareness of safe use of injection and blood transfusion. Develop effective referral for safe deliveries and EmOC services. Analysis and KAP survey on MNCH issue strengthening MNCH service delivery at FLCF, Provision of 24/7 basic EmONC services at BHUs & RHCs	% of delivery by Skilled birth attendant	Pakistan Demographical and Health Survey (PDHS) 2006-07	39%	2007	Pending on commencement of activities		40% increase in target area	End of 18 months
Mobilization of community based institutions, capacity building and advocacy. Establishment of complaint centre at district.	% of low birth weight babies	Pakistan Demographical and Health Survey	25%	2007	Pending on commencement of		20% decrease in target area	End of 18 months

		(PDHS) 2006-07			activities			
Awareness raising and sensitization campaigns/ workshops at community level	% of children with moderate & severe malnutrition (less than 5 yrs)	Aga Khan HMIS data	56%	2007	Pending on commencement of activities		50% decrease in target area	End of 18 months
Hepatitis B vaccination of children for 1, 2 & 3 doses. Awareness of community regarding modes of spread of Hep B &C. Prevention of vertical transmission of Hep B.	Increase in Hepatitis B vaccination of children (5-16 years)	CSO data			Pending on commencement of activities			End of 18 months
Screening of mothers for Hep B surface antigen.	Increase in number of mothers vaccinated for Hepatitis B				Pending on commencement of activities			End of 18 months

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

Monitoring, when the activities commence will be done at the following levels:
CSO, Cluster level, and TWG monitoring and field visits
District, Provincial government monitoring
Final Evaluation

Reporting will be done on quarterly and annual basis and thus Quarterly and Annual Reports will be evaluated.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comment
Date of submission	15 May 2009	
Reporting Period (consistent with previous calendar year)	2008	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	Yes	
DQA reported on	Yes	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	NA	
HSS reported on	Yes	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual		

7. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

1. NICC observed with concern the current fund flow mechanism for ISS money from Federal to Provinces and supports the new mechanism proposed by the NPM which is expected to be faster and will ensure more efficient utilization of the resources at grass root level.

2. NICC also supports the proposed fund flow mechanism for HSS which to follow the GFATM fund flow mechanism.

3. NICC expressed concerned for very slow implementation of the first year activities of HSS.

4. NICC unanimously endorsed the government's decision to apply for GAVI NVS support for introduction of the Pneumococcas vaccine (PCV10) from the last quarter of 2010.

5. However, NICC also share the concern of the MoH for having appropriate preparation for introduction of the new vaccine especially cold chain capacity expansion, building social awareness for the new vaccine and operational preparations. All of these activities are related to timely availability of the new vaccine introduction support. ICC urges to GAVI to release this support to the country at the time of approval of NVS for the new vaccine. ICC also request GAVI to release the introduction fund for Pentavalent vaccine (US$ 1,811,000) immediately to UNCEF and WHO as communicated by the EPI to the GAVI.

6. NICC also expressed concern for delay in implementation of the GAVI CSO activities.

7. Implementation of the ISS and NVS supported activities in 2008 especially introduction of the Pentavalent vaccine was applauded by the NICC.

8. NICC observed with great concern that Pakistan is now in the default list of GAVI due to not-payment of the co-financing share for Pentavalent vaccine in 2008. ICC also reminded the MoH about the communication from GAVI to the MoH in this regard and possible consequences if country fail to come out of this situation. NICC urges government to take appropriate measures to resolve this issue.

9. NICC shares the concern of MoH for pending decision of GAVI on suspension of disbursement of ISS rewards approved against Pakistan earlier and its consequences in implementation of the next PC-1. ICC urges GAVI to resolve the issue at earliest for proper running of the program.

~ End ~